

Welcome to Great Bay Community College! In order to get the accommodations you need (such as extra time on tests and quizzes, copies of notes, etc.), please provide the following:

1. Current documentation of your disability. This would include at least ONE of the following:
  - a. If you recently graduated from high school, then you would provide a copy of your most recent IEP or 504 plan AS WELL AS your latest evaluation (neuropsychological testing) done by your high school. You/parents may have copies of these. If not, request them from your high school. This is typically what you will need if you have a learning disability.
  - b. If you are an adult learner with any learning disability that you would like accommodated, you would need verification of your diagnosis by a qualified individual who has the training to assess and diagnose learning disabilities. Examples of such professionals include clinical or educational psychologist, school psychologist or neuropsychologists. The assessment (usually referred to as neuropsychological or psychoeducational testing) should include assessment of aptitude/cognitive ability, academic achievement and information processing.

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# Application General Information Page

Date: \_\_\_\_\_

**Please provide general information about you:**

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

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Is it okay for us to leave a message with our information on your voicemail?    Yes    No

School Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

\*We will send all emails to your school address unless you check the box next to your other email

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**5. Please list functional limitations within an academic setting due to disability:**

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**6. Please list services and accommodations that you would recommend for this student that are SPECIFICALLY related to symptoms and diagnosis (include rationale if needed):**

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Please sign and date below, as well as indicate your title and credentials

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Title/Credentials and License No.: \_\_\_\_\_

NOTE: